



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Nueva Vida Behavioral Health and Associates

**Respondent Name**

Commerce & Industry Insurance

**MFDR Tracking Number**

M4-13-1238-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

January 22, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "...we are the referring HCP and we are billing for case management service..., ...we are within the medical fee guidelines to bill for this service."

**Amount in Dispute:** \$56.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** Written acknowledgement of medical fee dispute received however, no position statement submitted.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 19, 2012 April 25, 2012	99361	\$56.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the reimbursement guidelines for case management services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - This service/supply is not covered according to the state fee schedule guidelines.
  - Our position remains the same if you disagree with our decision please contact the TWCC Medical Dispute Resolution.

**Issues**

1. Did the requestor submit required documentation as required by rule 134.204?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged as received on January 30, 2013. The insurance carrier did not submit a response for consideration in this review. Per the Division's former rule at 28 Texas Administrative Code §133.307(d)(1), effective May 25, 2008, 33 *Texas Register* 3954, "If the Division does not receive the response information within 14 calendar days of the dispute notification, then the Division may base its decision on the available information." Accordingly, this decision is based on the available information.
2. The carrier denied the disputed services as, 97 – "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." 28 Texas Labor Code §134.204 (4) states in pertinent part, "Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity." Review of the submitted documentation finds the following:
  - a. Case management note dated January 19, 2012 states, "General Purpose: Care Coordination" "Specific Purpose: Coordinating Care" "Outcome: The patient will continue medication management per Dr. Stephenson; the patient will continue physical therapy; consult with Dr. Ghadially for surgery consideration."
  - b. Case management note dated April 25, 2012 has no documentation in required field other than, "Outcome: The patient will follow-up in 2 weeks. The patient will maintain no work status for 2 weeks. The patient will maintain medication management with Dr. Stephenson. The patient will continue with his smoking cessation program as indicated by Dr. Ghadially as a precursor to his surgical preauthorization. The patient does have a follow up examination with Dr. Ghadially in approximately 2 weeks."Review of the submitted documentation finds nothing to support the treating physician participated in the case management service either in person, by report, or telephone. The carrier's denial is supported.
3. No documentation was found to support Rule 134.204 was met. Therefore not additional payment can be recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
August 19, 2014  
Date

## ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**